

Steward, et al

Docket No. 17376(AP)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|----------------------------|---|--------------------|------------|
| Applicant: STEWARD, et al. |) | Examiner: | |
| |) | | ₩ <u></u> |
| Serial No.: Pending |) | Group Art Unit: | S |
| |) | | |
| Filed: Herewith |) | | |
| |) | | |
| For: MODIFIED CLOSTRIDIAL |) | Irvine, California | |
| NEUROTOXINS WITH |) | | |

NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER

Box Patent Application Assistant Commissioner for Patents Washington, DC 20231

Sir/Madam:

Enclosed herewith are the following documents:

BIOLOGICAL PERSISTENCE

- Transmittal Letter 2 pgs
- (x) Specification (43 pages) 8 Claims (2 pages); Abstract (1 page)
- () Drawings (sheets)
- (x) Declaration/Power of Attorney (partially signed)
- (x) Assignment (partially signed) w/Recordation Cover Sheet
 - (x) Supplementary Information Disclosure w/prior art
 - (x) Return/postage paid Postcard
 - (x) Express Mail No. EL385559034US

This application claims priority to Serial Number 60/249,540 filed November 17, 2000.

Dated: October 31, 2001

Registration No. 33,433

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on October 31, 2001 in an envelope as "Express Mail Post Office To Addressee" mailing label number EL385559034US with sufficient postage for Express Mail addressed to Assistant Commissioner for Patents, Washington, D.C., 20231.

Susan Bartholomew

Name of person mailing paper

Signature of person mailing paper

Date: October 31, 2001

NEW APPLICATION TRANSMITTAL FORM

To the Assistant Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled MODIFIED CLOSTRIDIAL NEUROTOXINS WITH BIOLOGICAL PERSISTENCE by the following

| 1 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | |
|--------------|------------------------------|---------------------------|------------------------------|--------------------------------|-----------|
| | | STEWARD | LANCE | E. | |
| | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizenship | : |
| | | IRVINE | CALIFORNIA | U.S.A. | |
| | Post Office | Post Office Address: | City: | State or Country: | Zip Code: |
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| II R C | Full Name of | Last Name: | First Name: | Middle Name: | |
| | Inventor | SPANOYANNIS | ATHENA | | |
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| 3 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | |
| | | AOKI | KEI | ROGER | |
| | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizenship: | |
| | | COTO DE CAZA | CALIFORNIA | U.S.A. | |
| | Post Office Address | Post Office Address: | City: | State or Country: | Zip Code: |
| | | 2 GINGER LILY COURT | COTO DE CAZA | CALIFORNIA | 92679 |

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|-----------|------------------------------|--------------------------|--|--------------------------------|------------------------------|-----------------|
| 2/1 | 3 | Full Name of Inventor | Last Name: | First Name: | Middle Name: | |
| 2 | | | LIN | WEI-JEN | | |
| Citizensl | Residence and Citizenship | City: CERRITOS | State or Foreign Country: CALIFORNIA | Country Of Citizenship: U.S.A. | | |
| | | Post Office Address | Post Office Address: 16708 MOORBROOK AVE. | City: CERRITOS | State or Country: CALIFORNIA | Zip Code: 90703 |

- (X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.
- (X) Enclosed is a specification of 43 pages, 8 claims (2 pages) and an abstract (1 page).

Oath or Declaration

- (X) Enclosed is a partially executed oath or declaration.
- () Enclosed is an unsigned oath or declaration.
- (X) A self-addressed return postcard is enclosed for verification of receipt.
- (X) The filing fee is calculated below:

| FOR | | NUMBER FILED | NUMBER EXTRA | RATE | FEE |
|--|-----|-----------------|-----------------|----------|----------|
| Basic Fee (Large enti | ty) | | <u></u> | \$740.00 | \$740.00 |
| Total Claims | 8 | minus 20 = | | \$18.00 | .00. |
| Independent Claims | 2 | minus 3 = | | \$84.00 | .00 |
| If application contains any multiple dependent claims, then add \$280.00\$ | | | .00. | | |
| | | | TOTAL FILI | NG FEE | \$740.00 |

- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) A copy of an assignment bestowing all interest in this application to Allergan Sales, Inc is enclosed.

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- () New drawings are enclosed in _____ sheets.
- () A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (X) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.
- (X) The Power of Attorney appears in the combined Declaration and Power of Attorney, filed herewith.
- () A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

STEPHEN DONOVAN Registration No. 33,433 ALLERGAN, INC. T2-7H 2525 Dupont Drive Irvine, CA 92612 Tel: 714-246-4026

Fax: 714-246-4249

Respectfully submitted,

Date: October 31, 2001

Kegistration No. 33,433 Attorney of Record